

To be used for changes to registrations and terminations.

Postmark Date: 03/11/05

LSUPP

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- | | | | |
|---------|---------|---------|----|
| 1. NAME | Harkins | Deborah | D. |
| | Last | First | MI |

2. BUSINESS PHONE (504) 586-1200

3. BUSINESS ADDRESS	643 Magazine Street	New Orleans	LA	70130
	Street and No.	City	State	Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER **McGlinchey Stafford, PLLC**

5. EMPLOYER'S ADDRESS	Same			
	Street and No.	City	State	Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name **Orleans Parish School Board**

Address 3510 General DeGaulle Drive, Suite 450, New Orleans, LA 70114

Business or purpose school board

☒ New Representation
Does this person pay you? No

If No, who pays you? McGlinchey Stafford, PLLC

☐ **Terminated Representation** us of _____

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SUPPLEMENTAL REGISTRATION FORM



2. Name HS1, Medical Management, Inc.
Address 1505 NW 187th Street, Suite 450, Miami, FL 33169
Business or purpose Medical management
☒ New Representation
Does this person pay you? No
If No, who pays you? McGlinchey Stafford
☐ Terminated Representation as of _____
3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist